



*"Service with Excellence
& Integrity"*

Arkansas Department of Community Correction

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ADMINISTRATIVE DIRECTIVE: 11-05 REPORTING AND INVESTIGATING INCIDENTS AND HAZARDS

TO: DEPARTMENT OF COMMUNITY CORRECTION (DCC) EMPLOYEES

FROM: DAVID EBERHARD, DIRECTOR

SUPERSEDES: AD 10-07

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APPROVED: Signature on File

EFFECTIVE: October 31, 2011

I. APPLICABILITY. This policy applies to DCC employees, volunteers and residents.

II. POLICY. DCC policy is to ensure work-related incidents and hazards are appropriately managed, reported, documented, investigated, and resolved and that measures are taken to prevent reoccurrence. (4-ACRS-2B-03)

III. DEFINITIONS.

A. Critical Incident. Any Class 1A incident, as described in the "Incident Reporting Requirements" table.

B. Offender. Persons in the custody or under community supervision of the DCC.

C. Reportable Incident. Any work related event, situation or hazard which has resulted in or may result in significant injury, illness or death, or may involve illegal, inappropriate or unethical conduct.

D. Work-Related Injury. An injury or illness causing mental impairment or internal or external physical harm or damage to the body or prosthetic appliances, including eyeglasses, contact lenses, or hearing aids, arising out of and in the course of performing DCC work assignments and job functions and requiring medical services or resulting in disability or death.

IV. GUIDELINES.

A. Reporting Requirements

1. All employees are required to fully document incidents which they witness or in which they are involved (using AD 11-05 Form 1, "Incident or Hazard Report/Witness Statement" and, when required, Form 2). DCC staff must direct offenders to document incidents which they witness or in which they are involved (using AD 11-05 Form 1). Managers and supervisors must provide appropriate guidance to employees concerning incident reporting and use of reporting and incident classification guidelines to determine requirements. Center Supervisors must ensure permanent logbooks with pre-numbered pages are maintained (3 years from the date of final entry) of routine and unusual occurrences at the residential facilities. The log must include the date/time of the incident, an incident summary, and a cross-reference number to the number placed on the incident report. Additional information may be useful such as the name of the employee submitting the form and the offender's number.
2. Incidents are classified as 1, 2 or 3 and reporting accomplished in accordance with the following table and subsequent text (4-ACRS-2A-09) :

CONTINUED ON NEXT PAGE

INCIDENT REPORTING REQUIREMENTS				
Class	Report by Telephone	email Report to Incident Notification Group	Report Through Supervisory Chain Up to This Level	Incident Classification Guidelines
1A	Immediately See Note 5	The first workday after the incident or sooner if requested	DCC Director See Note 1	<ul style="list-style-type: none"> • Death of an individual on DCC property, in DCC custody or on furlough • death of an employee during workday • Serious injury (requiring emergency medical treatment) of an individual on DCC property, in DCC custody or on furlough • Serious illness of a resident • escapes/walk-away • riots, major disturbance, • incident requiring emergency assistance from another agency, e.g. fire, tornado or earthquake
1B	The next morning	The first workday after the incident or sooner if requested	DCC Director See Note 1	<ul style="list-style-type: none"> • Death or serious injury of employees outside normal work hours.
1C	Immediately	The first workday after the incident or sooner if requested	DCC Director	<ul style="list-style-type: none"> • Physical altercation or use of force involving employees and/or offenders • intentional discharge of firearm other than during training or practice • accidental discharge of firearm • attempted suicide by offender in custody • attempted escape • property loss/damage \$1000 or more • hazardous situations requiring emergency attention • actual, suspected, or attempted hostage situation • sexual assault of any type • assault involving weapon; reported or suspected illnesses from highly contagious disease or apparent food poisoning (residential center) • serious violation of Code of Ethics & Conduct • threats, e.g. bomb scare or threat of intent to inflict harm • fire or attempted arson in DCC office or facility • serious criminal acts requiring management's immediate attention • vehicle traffic citations while on State business whether in State or private vehicle, see Notes 2 and 4) • incident involving DCC which is worthy of press notification or which is the result of a press inquiry that is likely to appear in the news. • others deemed critical by DCC employees.
1D	Immediately to Supervisor and Insurance Co. See Notes 2 and 4	The first workday after the incident or sooner if requested	DCC Director and Insurance Co. see Notes 2 and 4	<ul style="list-style-type: none"> • vehicle accident while on State business (including non-injury and injury vehicle accident whether in State or private vehicle, see Notes 2 and 4)

INCIDENT REPORTING REQUIREMENTS				
Class	Report by Telephone	email Report to Incident Notification Group	Report Through Supervisory Chain Up to This Level	Incident Classification Guidelines
2	24 Hours	72 Hours	Deputy Director	<ul style="list-style-type: none"> • Hazardous situation not requiring emergency attention; • apparent or actual sabotage • suspected or reported offender abuse • self-mutilation by offender in custody • other criminal acts by offenders, visitors, employees, contractors or others working around the facility • power outages at residential centers during the day lasting over one hour or over 20 minutes during night hours • DCC officer arrest of someone who is not under DCC supervision • use of chemical weapons during an incident • threatening use of deadly force • drawing a firearm in connection with an incident • lost or stolen weapon; and • other incidents deemed appropriate by employees.
3	N/A	10 days after end of the month	Deputy Director	<ul style="list-style-type: none"> • Other reportable incidents not covered in class 1 or 2.
<p>*Note 1. The DCC Public Relations Office is responsible for reporting class 1A incidents to the Board of Corrections Chairman, Liaison and Administrative Assistant and Governor's Criminal Justice Liaison, as soon as possible at any time of day or night; and class 1B incidents the morning after.</p> <p>Note 2. Pursuant to the Drug-Free Workplace policy, some of the above incidents require employees to be promptly tested for alcohol and illegal drugs.</p> <p>Note 3. Send critical incident reports to the medical services contractor whenever an incident involves a death or injury to a DCC resident or to on-duty staff.</p> <p>Note 4. Drivers must immediately report ALL accidents while operating a State vehicle and/or a private vehicle on State business to their supervisor and the Bancorp South Insurance Services claims office: Mon-Fri 8:00 am to 4:00 pm 501-664-7705; after hours 501-664-9592</p> <p>Note 5. Death or serious Illness of a resident must be reported and managed as detailed in the Resident Serious Illness/Injury or Death Policy.</p>				

B. Responding to Incidents. Manage disturbances and emergencies in accordance with emergency plans and applicable policy. Staff must ensure that people injured in an incident receive immediate and appropriate medical attention (4-ACRS-2B-02). Following is a general outline of the steps used in responding to an incident:

1. Assess the situation
2. Determine the response
3. Implement the response
 - a. implement emergency plan
 - b. request necessary assistance
 - c. restore order
 - d. report
4. Accomplish recovery actions, to include the following as appropriate:
 - a. maintain order
 - b. protect physical evidence
 - c. investigate
 - d. take necessary action
 - e. document and report

Note, Comply with other policies and plans as appropriate, e.g, Drug-Free Workplace; Weapons and Security Equipment; Emergency Plans; Continuity of Operations Plans; Harassment; Rape Elimination; Resident Serious Illness/Injury or Death; Code of Ethics and Rules of Conduct; Employee Discipline; Escapes; Searches; and Threats.

C. Criminal Acts. When a resident or staff member allegedly commits an act covered by criminal law, the manager or supervisor should refer the case to the appropriate Deputy or Chief Deputy Director. The Deputy/Chief Deputy Director, when possible, will consult with the DCC Director prior to notifying the Arkansas State Police and/or other appropriate law enforcement officials of alleged criminal activity. If unable to provide advance notice, the Director shall be informed at the earliest possible time.

D. Use-of-Force Incidents. All use-of-force incidents described by the Use-of-Force policy must be reported in writing. Reports will include the circumstances that led to the incident, persons present, force used and by whom, injuries sustained (if any), and medical assistance offered and/or provided (4-ACRS-2B-01).

E. Incidents Involving a Weapon. When a weapon is used in an incident, complete an incident report and Weapons Activity Report (Form 2) and comply with applicable guidance as follows:

1. Accidental Discharge of a Firearm (No Injuries Involved)
 - a. Any employee who accidentally discharges a DCC-issued firearm must contact his or her supervisor, who will initiate an investigation.
 - b. The supervisor will write an incident report summary and ensure that the employee(s) involved submits a detailed report of the incident.
 - c. The supervisor will evaluate the employee's performance and submit his or her findings, in writing, to be reviewed at each level of the supervisory chain.
 - d. The appropriate deputy or assistant director will review and maintain the files on all accidental firearms discharges.

2. Fatal shooting by an Employee in Performance of Duty, Intentional Use of Deadly Force, or Accidental Firearm Discharge Resulting in Injury. When a discharged firearm results in a fatal shooting in the performance of duty, intentional use of deadly force, or accidental firearm discharge resulting in injury the following actions must take place:
 - a. Involved employee(s) must submit to drug and alcohol testing.
 - b. Immediately notify the involved employee's immediate supervisor and the law enforcement agency of local jurisdiction; and the involved employee or supervisor must complete and submit Form 2, "Weapons Activity Report" and any other reports e.g., alcohol drug test evidence. Provide a copy to the local law enforcement agency of jurisdiction and to the appropriate Parole & Probation Assistant Director within 12 hours of the incident. Make additional notifications as indicated in the above "Incident Reporting Requirements" table.
 - c. Turn the firearm over to the supervisor. If there was an injury or death, the supervisor will immediately turn the firearm over to the local or state law enforcement authorities for investigation and ballistic testing. The firearm will not be cleaned without a release from the Internal Affairs Administrator and approval of the appropriate Deputy Director.
 - d. The Internal Affairs Administrator must promptly conduct a thorough and objective investigation of the facts and circumstances and complete the investigation as soon as possible.
 - e. The supervisor must reassign the employee to duties that do not require carrying a firearm until the investigation is completed. Before the supervisor can reassign to the employee a firearm used in a shooting resulting in death or injury, the employee must undergo a psychiatric examination for the purpose of determining whether he/she is mentally fit to resume carrying a weapon and resume all duties. The employee must receive a favorable recommendation to resume full duties and responsibilities.
 - f. Prior to the completion of the investigation, the employee must not discuss the incident with anyone except the investigating agencies, appropriate DCC supervisory personnel, his or her attorney, or spiritual or mental health advisor, until given permission by the supervisor.

F. Vehicle Incidents/Accidents.

Comply with this and other applicable policies. Send the following to the DCC Central Office, Administrative Services Division, ATTN: Insurance Claims, 105 West Capitol Ave, 2d Floor, Little Rock, AR 72201-5731: DCC Incident Report, police report, pictures, other relevant information and the insurance adjuster's report. If a vehicle accident results in damage to the property of any one person in excess of \$1,000.00 or in bodily injury to or in the death of a person - the driver (if unable, the supervisor) must complete the "[Arkansas Motor Vehicle Accident Report](#)"

- G. Lost, Stolen, or Damaged Weapons.** Damaged firearms approved for disposal or lost or stolen firearms shall also be reported by the supervisor to the Administrative Services Section for proper documentation in agency inventory records.

H. Injuries or Illnesses.

1. Employees. Employees who have a work-related injury or illness must promptly complete and submit to their supervisor the Arkansas Workers' Compensation Commission Form AR-N, "[Employee's Notice of Injury](#)". Forms must be completed in the employee's handwriting whenever possible. If the employee is unable to do so, a brief explanation must be provided by the supervisor most familiar with the situation. The employee must also complete the Arkansas Insurance Department: [Public Employee Claims Division](#) "Public Employee Claims Employee's Report of Accident Form."
2. Supervisors must ensure the above employee actions are taken; promptly accomplish the following and forward all forms to the Central Office, Human Resources Section (HRS) within ten days from the time the supervisor learns of the injury or illness:
 - Provide the employee with a copy of both sides of the completed Arkansas Workers' Compensation Commission Form AR-N, "[Employee's Notice of Injury](#)" and submit the original to HRS
 - Complete and submit the Workers' Compensation Commission Form 1A-1, "[Workers Compensation - First Report of Injury or Illness](#),"
 - Complete and submit the forms/information requested by the Arkansas Insurance Department: [Public Employee Claims Division](#) (see "Instructions for State Agencies" and required forms/instructions on the website),
3. Supervisors must report to HRS any change in status including but not limited to the following:
 - the injured employee returning to work and drawing wages
 - the injured employee losing time again
 - the injured employee has died.
4. HRS will promptly forward forms to the appropriate agency.
5. Offenders. An offender who sustains an injury while in DCC custody must complete an Incident/Hazard Report form. The supervisor most familiar with the injury situation will ensure that the form is completed. At residential centers, the medical contractor's "Accident/Injury" Report may also be required. In case of a resident serious illness/injury, follow guidance in the "Resident Serious Illness/Injury or Death" policy.

I. Analyzing Outcome Measures. Center Supervisors must ensure use of force incidents are reported in monthly reports. The Deputy Director of Residential Services will ensure use of force incident data are aggregated and analyzed annually. (4-ACRS-2B-03)

J. Investigations. An internal investigation of incidents conducted by the Internal Affairs Administrator may be ordered by the Director when deemed appropriate. Supervisors are responsible for investigating incidents or ensuring cooperation when an investigation is done by the Internal Affairs Administrator or outside law enforcement agency.

K. Supervisor. Supervisors must ensure the following:

1. Employees are trained on this and other policies and emergency plans related to specific types of incidents to ensure timely, accurate and appropriate handling and reporting of incidents and hazards.
2. Staff, volunteers and residents are provided appropriate guidance so they will comply with safety and security rules and procedures and report safety and security incident situations. Failure to comply with appropriate reporting requirements may lead to disciplinary action.
3. Actions are taken to investigate and prevent reoccurrence of preventable incidents/hazards.

L. Physical Evidence. Physical evidence must be handled following procedures in the administrative directive on Searches for, Control and Disposition of Contraband and Evidence.

M. After-Action Activities.

1. Supervisor's Incident Assessment and Report. Supervisors will conduct an assessment of incident responses to determine whether policies and procedures were followed or were adequate and suggest any appropriate changes. The assessment should identify requirements for additional training, equipment, and supplies. Findings must be written in an after-action report submitted for review by the appropriate Parole/Probation Services Manager or Center Supervisor.
2. Counseling Services After Traumatic Incidents. The DCC will make post-trauma counseling and support available through the State's employee assistance program (contact HRS for details). Supervisors will arrange for and refer employees to the counseling and support services as soon as possible after an incident involving the use or near use of deadly force.
3. Supervisor-Employee Communication after Critical Incidents. When an employee is involved in a critical incident, his/her supervisor must do the following (3-3098):
 - a. Ensure required actions are taken in accordance with applicable policies, to include reporting.
 - b. Notify the employee of any investigation, access, and rights to independent counsel.
 - c. Inform the employee of the requirement to complete an incident report.
 - d. Inform the employee that counseling services are available as described in this policy.
 - e. Instruct the employee to contact the Human Resources Office for information about accessing counseling services, worker's compensation benefits, pay, or insurance questions, or use of sick leave.
4. Critical Incident at a Residential Center. Center Supervisors will ensure a debriefing with designated and impacted staff as soon as possible after a critical incident and conduct a follow-up debriefing two weeks later. At minimum debriefings will include the following: (4-ACRS-1C-01-1)
 - a. Discussion about what happened, the response and the probable cause.
 - (1) Consider who, what, when, where, why, and how. Specifically, review staff and resident actions and inactions during the incident.

- (2) Consider what policy and emergency plans apply, what aspects of the policy/plans were followed, what aspects were successful/unsuccessful, where there were problems, what needs to be done to improve future response (consider policy/plan revisions, training needs, purchase/placement of supplies/equipment, and coordination among responders). Specifically, identify required actions to prevent or mitigate similar incidents.
- b. Discussion about the impact on staff and residents (refer to other appropriate sections of this policy such as the preceding two sub-paragraphs).
- c. Appropriate documentation of after action debriefings, to include corrective actions taken and still needed.

V. ATTACHMENTS.

AD 11-05 Form 1 Incident or Hazard Report/Witness Statement

AD 11-05 Form 2 Weapons Activity Report

AD 11-05 Form 3 Incident or Hazard Report/Witness Statement Continuation Page

Arkansas Department of Community Correction
INCIDENT OR HAZARD REPORT/WITNESS STATEMENT

Name of Person Making Report: _____ Control Number: _____

Title or Resident Number: _____ Office/Area or Shift: _____

Incident Date: _____ Incident Time: _____ Incident Location: _____

☐ **PRELIMINARY REPORT** ☐ **FINAL REPORT** License Plate #: _____ Last 4 VIN: _____

INCIDENT TYPE

- | | | |
|---|--|---|
| <input type="checkbox"/> State Vehicle | <input type="checkbox"/> Public Complaint | <input type="checkbox"/> Offender Injury |
| <input type="checkbox"/> Arrest | <input type="checkbox"/> Employee Injury | <input type="checkbox"/> Emotional Stress |
| <input type="checkbox"/> Weapon | <input type="checkbox"/> Evidence Collected | <input type="checkbox"/> Auto Accident |
| <input type="checkbox"/> Contraband | <input type="checkbox"/> Cardinal Rule Violation | <input type="checkbox"/> Use of Force |
| <input type="checkbox"/> Property Damage | <input type="checkbox"/> Major Rule Violation | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Offender Death | | |
| <input type="checkbox"/> OTHER (explain): _____ | | |

NOTE: Provide the names and identities of others as you know them. If “reasonable suspicion” is the basis for action, document both the “specific objective facts,” and any “reasonable inferences” relied upon to make the judgment. Include a description of what led to the incident, who was present, what force was used, and by whom, injuries sustained (if any), and medical assistance offered and provided. Follow other relevant policy guidance.

**Offenders Involved
& Offender Number**

_____ Offender Name _____ Offender Number

_____ Offender Name _____ Offender Number

Employees Involved

_____ Employee Name (1) _____ Employee Name (2)

**Offenders Present
& Offender Number**

_____ Offender Name _____ Offender Number

_____ Offender Name _____ Offender Number

Employees Present

_____ Employee Name _____ Employee Title

_____ Employee Name _____ Employee Title

OTHERS PRESENT OR INVOLVED. Include Names, Titles, Addresses, as appropriate, if known.

_____ Name _____ Title _____ Address

_____ Name _____ Title _____ Address

Extent of Injury and to Whom _____

Treatment Rendered and by Whom _____

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INCIDENT OR HAZARD REPORT/WITNESS STATEMENT – PAGE 2

INCIDENT STATEMENT OF FACTS. Describe the situation as you saw it or know it. Do not include opinions, conclusions, or interpretations. Use the continuation page if necessary.

Reason under supervision _____

Supervision history _____

Disposition (when information is
available before submitting this form) _____

CERTIFICATION

I hereby certify that the statement hereinbefore is true. I am making this statement freely, under no duress, and without undue coercion exerted on me by an official of the Department of Community Correction, or any offender.

Name of Person Making Statement (Print)

Signature of Person Making Statement

Date

Name of Person Taking Statement (Print)

Signature of Person Taking Statement

Date

REVIEWED BY (Name)

POSITION or TITLE

DATE

TIME

☐ AM ☐ PM

☐ AM ☐ PM

☐ AM ☐ PM

☐ AM ☐ PM

☐ AM ☐ PM

☐ AM ☐ PM

☐ **Comments**

☐ **Recommendations**

☐ **Instructions**

**Arkansas Department of Community Correction
WEAPONS ACTIVITY REPORT**

Employee: _____ SSN: _____ Office: _____

☐ Displayed/Drew ☐ Discharged/used His/her duty firearm on (date): _____

at (time): ☐ AM ☐ PM At the following location: _____

Firearm description: Type: _____ Caliber: _____ Serial Number: _____

Ammunition fired: Type: _____ Caliber: _____ Number of Shots Fired: _____

Direction shots were fired: _____

Description of Person(s) or Objects at which the employee discharged/used, drew, or displayed weapon (if a person, give name, race, social security number, date of birth, etc, if available, and distance to target):

When the weapon was discharged, drawn, displayed, or used the person or object was (check one):

☐ standing ☐ sitting ☐ running ☐ barricaded ☐ other (explain): _____

When the weapon was discharged, drawn, displayed, or used the employee was (check one):

☐ standing ☐ sitting ☐ running ☐ barricaded ☐ other (explain): _____

Results of discharging, drawing, displaying or using the weapon:

☐ DCC Supervisor ☐ Investigator Name: _____

☐ DCC Supervisor ☐ Investigator Name: _____

☐ DCC Supervisor ☐ Investigator Name: _____

☐ DCC Supervisor ☐ Investigator Name: _____

Names of Supervisors and Investigators responding to the scene:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Other pertinent information concerning the incident written in narrative form. Include the reason(s) for the use of the weapon. Attach additional sheets as necessary.

Reporting Employee's Signature

Date

Supervisor's Signature

Date

Distribution: Incident Notification Group (send by e-mail).

When required by policy, send to State Police and/or local law enforcement

Name of Person Making Report: _____ Control Number: _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.